

Technician Checklist



| Basic Information | | | | | | |
|--|--|-----------------------------|--------------------------|---------|--------------------------|-----------------------------|
| Customer Name: _____ | Repair Date: _____ | Work Order#: _____ | | | | |
| Technician: _____ | Heater Model: _____ | Heater Serial#: _____ | | | | |
| Heater Installer: _____ | In-Service Date: _____ | Last service/repairs: _____ | | | | |
| Operating Hours: _____ | No. of Starts: _____ | APU System: _____ | | | | |
| Aftermarket or OE: _____ | Boxed unit: Yes <input type="checkbox"/> | No | <input type="checkbox"/> | | | |
| Customer Complaint : | | | | | | |
| Fault codes : | AF | F1 | F2 | F3 | F4 | F5 |
| | | | | | | |
| Installation inspection | | | | | | |
| Electrical | | | | | | |
| Is power taken directly from the battery | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Battery Voltage | | | | _____ V | | |
| Heater Voltage | | | | _____ V | | |
| Fuses/ Circuit Breakers are ok | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Tight connections / No corrosion | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Proper gauge wiring / Properly ran and secured | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Fuel System | | | | | | |
| Is there enough fuel in tank | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Good FMP connections | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Proper fuel flow | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| FMP mount secure | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| FMP angle (15° to 35°) | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Proper supported fuel lines | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the FMP filter clogged | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Correct diameter of fuel line | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Fresh Air Intake and Hot Air Output – Airtronic Heaters | | | | | | |
| Any obstructions on inlet / outlet | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Any restrictions in ducting | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Any restriction around heater (inside cabin) | | | | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Duct length / Number of bends | | | | / | | |

Technician Checklist

Work Order#: _____

Heater Serial#: _____

| Combustion Air Intake and Exhaust – Airtronic and Hydronic Heaters | | |
|--|--|--|
| | Intake | Exhaust |
| Any damage / obstructions / restrictions | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any tight bends / Low spots | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Proper routing and support | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Length / Number of bends | / | / |
| Coolant System – Hydronic Heaters | | |
| Any coolant leaks around | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Any loose connection | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Air have been purged from system | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Correct coolant flow direction | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Has coolant flow been restricted | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Cause: | | |
| Correction: | | |
| Diagnostic data collection – Required for claim processing without part return | | |
| File name: Use the best reference – e.g. Work Order # OR Customer name, include test type | | |
| General Data: _____ | Save # 1 | This file does not include the heater Serial Number |
| Switch-on Component : _____ | Testing | This is component testing with the proper voltage |
| Function Check 1: _____ | Save # 2 | This test should show the failure / Fault Code(s) |
| Function Check 2: _____ | Save # 3 | This test shows No Faults after repairs, delete fault code memory before proceed |
| Others: _____ | | Non EDiTH test files |
| Others: _____ | | Non EDiTH test files |

The claim can be filed and Claim# assigned

The test files are then attached to an email and submitted to Eberspaecher warranty department referencing to the assigned Claim#